



BOB RILEY  
GOVERNOR

# STATE OF ALABAMA DEPARTMENT OF LABOR

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JIM BENNETT  
COMMISSIONER

SAFETY DIVISION  
CHIEF  
RALPH PATE

## SAFETY DIVISION COMPLAINT FORM

(Please print or type)

Compliant received by Mail [ ] Phone [ ] Walk-In [ ]

1. Person Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

2. What is the nature of your complaint? \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

3. Please summarize the details of your complaint as clearly and completely as possible. Include dates and any means of corroboration. Attach additional sheets if needed.

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I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature (Must be notarized by a Notary Public)

Received by: \_\_\_\_\_

(office use)

\_\_\_\_\_  
Date

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